

## MEDICATION ADMINISTRATION RECORD

STDT01

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Cloacal 1000 mg i/p qd x 90 mgs 7/25/00 16/25/00																													
MOM 30-60 mL p.r.n Cordisgast X 90 mgs		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28


<tbl\_r cells="28" ix="2" maxcspan="1" maxrspan="1" usedcols

Facility Name: WHAMonth/Year of Charting: 11/05

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Start Date:	<u>8/16/05</u>										Prescriber:																				
Stop Date:	<u>5/16/06</u>										RX #:																				
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Lev	AM	PM																													
Start Date:	<u>8/16/05</u>										Prescriber:																				
Stop Date:	<u>5/16/05</u>										RX #:																				
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Lev	29	AM																													
Start Date:	<u>10/15/05</u>										Prescriber:																				
Stop Date:	<u>11/15/05</u>										RX #:																				
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Lev	AM																														
Start Date:	<u>11/14/05</u>										Prescriber:																				
Stop Date:	<u>11/10/05</u>										RX #:																				
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Lev	AM																														
Start Date:	<u>11/14/05</u>										Prescriber:																				
Stop Date:	<u>10/27/05</u>										RX #:																				
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Lev	AM																														
Start Date:											Prescriber:																				
Stop Date:											RX #:																				

## Diagnosis

Codeine

Nurse's Signature

Initial

Nurse's Signature

Initial

Documentation Codes

## Allergies

## Housing Unit:

Patient ID Number: 159512

Patient Name:

Clackler, Debra

M. Johnson, R.N. M.R.

D.L. for Dr. B.P.

PHS0219

Date of Birth:

11/20/51

1. Discontinued Order
2. Refused
3. Patient out of facility
4. Charted in Error
5. Lock Down
6. Self Administered
7. Medication out of Stock
8. Medication Held
9. No Show
10. Other

Facility Name:

Diagnosis <i>Codman</i>	Nurse's Signature <i>W. L. Smith</i>	Initial	Nurse's Signature <i>Debra Booth</i>	Initial	Documentation Codes
Allergies					<ol style="list-style-type: none"> <li>1. Discontinued Order</li> <li>2. Refused</li> <li>3. Patient out of facility</li> <li>4. Charted in Error</li> <li>5. Lock Down</li> <li>6. Self Administered</li> <li>7. Medication out of Stock</li> <li>8. Medication Held</li> <li>9. No Show</li> <li>10. Other:</li> </ol>
Housing Unit: Patient ID Number: Patient Name:	159576 <i>Clarken, Debra</i>			PHS0220	Date of Birth 11/26/1971

10-12

Facility Name: Tutwiler Prison For Women

Document 21-10

Filed 06/05/2006

Page 5 of 19

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Month/Year of Charting: 09/05																														
Docusate Sodium 100MG Cap 60.00	6A	m																													
Take 2 capsule(s) by mouth daily																															
	Start Date: 08-02-2005 Prescriber: Williams, Winfred												Stop Date: 10-30-2005 RX #: 250325117																		
INH 900 mg po q Tues & Thurs x 9 mo.	6A	m																													
	Start Date: 8/16/05 Prescriber:																														
	Stop Date: 5/16/06 RX #:																														
Vit B6 50 mg po q Tues & Thurs x 9 mo.	6A	m																													
	Start Date: 8/16/05 Prescriber:																														
	Stop Date: 5/16/05 RX #:																														
Phenexgen 25mg PO BID PRN x 5 days	R	N																													
9-8-5 9-14																															
PROVERA 10mg PO daily x 14 days	6A																														
9-8 9-23																															
Motrin 600mg PO BID x 7 day	6A																														
9-25-05	6P																														
	Start Date: 9-25-05 Prescriber:												Stop Date: 10-2-05 RX #:																		

Diagnosis	Nurse's Signature	Initial	Nurse's Signature	Initial	Documentation Codes
Allergies			.Kaneda Corp Jr	YL	1. Discontinued Order 2. Refused 3. Patient out of facility 4. Charted in Error 5. Lock Down 6. Self Administered 7. Medication out of Stock 8. Medication Held 9. No Show 10. Other
Housing Unit: Population					
Patient ID Number: 159516					
Patient Name: Clackler, Debra	<i>Clackler, Debra</i>			PHS0222	
	Date of Birth:				

## MEDICATION ADMINISTRATION RECORD

STDT01

## MEDICATIONS

	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Motrinib 1/2	6A	(10)	Rx																											
PO Bid x 100mg	6P	(10)	Rx																											

Motrinib 1/2  
PO Bid x 100mg  
7/18/05 8/18/05

Fiumax 500mg  
Bid x 7 mg po  
6/21/05 -> 7/5/05

Valacic Acid  
250mg q am  
6/7/15/05

Valacic Acid  
250mg q am  
6/7/15/05

Tems + bottle  
KOP 7/15/05

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

## MEDICATIONS

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

## CHARTING FOR

7/1/05 THROUGH 7/31/05

## Physician

Telephone No.

## Alt. Physician

Alt. Telephone

## Allergies

Rehabilitative Potential

Cocaine

PHS0223

## Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked

By:

D. Gray

Rn  
151576

## PATIENT

Clawkin, Deborah

PATIENT CODE

ROOM NO.

BED FACIL

6/2



## MEDICATION ADMINISTRATION RECORD

STDT01

## MEDICATIONS

	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Metamucil 1 pk BID x 100 days																													

8/8/05      8/18/05      6a → XX → PRN      10Byp      ✓ Allergy

	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28

	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28

	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28

	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28

	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28

	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																													

CHARTING FOR	THROUGH	Telephone No.	Medical Record No.
Physician			
Alt. Physician		Alt. Telephone	
Allergies		Rehabilitative Potential	
Diagnosis			

PHS0225

Room Number	Medicare Number	Complete Entries Checked	By:	Title:	PATIENT CODE	ROOM NO.	BED	FACIL
Clackler	Debra				159516			



LCS CORRECTIONS SERVICES, INC.  
Medication Administration Record

Facility: \_\_\_\_\_

Month: march Year: 2005

PHS0227

10/01/2004  
STD T01

(TUA-458) TUTWEILER ANNEY

Colace loong tit po.  
BID X100 day  
10/11/04 4/11/04

May Create 2 bottle  
Tuesday & Friday Xodays  
10/11/04 11/11/04

Table 1. Summary of the main characteristics of the four groups of patients.

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
		NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																											
CHARTING FOR	10/01/2004	THROUGH																							10/31/2004				
Physician	ENGLEHART, M.D. (DIR, SAM)												Telephone No.										Medical Record No.						
Alt. Physician													Alt. Telephone																
Allergies	CODEINE												Rehabilitative Potential																

#### **Diagnosis**

PHS0228

Medicaid Number	Medicare Number	Complete Crimes Checked:	FBI		
PATIENT		By: <i>S. Norton R.</i>	Title:	Date:	
CLACKLER, ERINIA			PATIENT CODE	ROOM NO	BED FACE
			159516	1	

**MEDICATION ADMINISTRATION RECORD**

09/01/2004

STDT01

(TUA-458) TUTWILER ANNEX

**MEDICATIONS**

DICYCLONINE (BENTYL) 10MG CAP

TAKE 1 CAPSULE(S) BY MOUTH TWICE DAILY

\*KEEP ON PERSON\*

RX: 6098456 ENGLEHART, M.D. (DIR, SAM, MD)

START - 08/20/2004 STOP - 09/18/2004

RANITIDINE (ZANTAC) 300MG TAB

TAKE 1 TABLET(S) BY MOUTH TWICE DAILY \*KEEP ON PERSON\*

RX: 6098460 ENGLEHART, M.D. (DIR, SAM, MD)

START - 08/20/2004 STOP - 09/18/2004

Colace 100mg qd prn

x 1800

METOCLOPRAMIDE (REGLAN) 10MG TAB

TAKE 1 TABLET(S) BY MOUTH TWICE DAILY

RX: 6174282 ENGLEHART, M.D. (DIR, SAM, MD)

START - 08/04/2004 STOP - 12/02/2004

CLACKLER, DEBRA

159516

Rubelox 100

q1t5 x 6adap PRN

09/06/04

110664

AMoxicillin (AMOXIL) 500MG CAP

TAKE 1 CAPSULE(S) BY MOUTH TWICE DAILY FOR 10 DAYS

CLACKLER, DEBRA

159516

Macro'daktin 100mg t po

BD x 10d.

Stop 10/29

Black Blank for label

**MEDICATIONS**

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR

09/01/2004

THROUGH

09/30/2004

Physician

ENGLEHART, M.D. (DIR, SAM)

Telephone No.

Medical Record No.

Alt. Physician

Alt. Telephone

Allergies

CODEINE

Rehabilitative Potential

Diagnosis

PHS0229

Medicaid Number:

Medicare Number:

Complete Entries Checked

By: S. Horton

PATIENT:

CLACKLER, DEBRA

PATIENT CODE

ROOM NO.

Date: 8/12  
BED: 1  
FLOOR: 1

159516



## MEDICATION ADMINISTRATION RECORD

STDT01

## MEDICATIONS

	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Beutyl 10mg tpo	6																												
BID X 30days																													

8/18 9/18 6

Zantac 300mg tpo

BID X 30days

8/18 9/18 6

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																													

CHARTING FOR	8/18	THROUGH	8/31	Telephone No.	Medical Record No.
Physician	Eaglehardt			Alt. Telephone	
Alt. Physician					

Allergies	Codeline	Rehabilitative Potential
-----------	----------	--------------------------

Diagnosis	PHS0231
Medicaid Number	Medicare Number

Complete Entries Checked:	By:	Title:	Date:
PATIENT	Clarkler Debra	PATIENT CODE	ROOM NO.

PATIENT	Clarkler Debra	PATIENT CODE	ROOM NO.	BED	FAUC.
		159516			

STD701

## MEDICATIONS

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Zantac 150 mg  
c 145 x 30 days

60

7-17-04 8-17-04

Azylam 325 mg it  
BID x 14 days

60

Zantac 150 mg po

BID x 30 days

KOP KOP

7/21

8/21

60

Slepted

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

## MEDICATIONS

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR

THROUGH

7-31-04

Physician

Dr. Englehardt

Telephone No.

Medical Record No.

Alt. Physician

Dr. Plosant

Alt. Telephone

Allergies

Rehabilitative Potential

Diagnosis

PHS0232

Medicaid Number

Medicare Number

Complete Entries Checked

By:

2 Anna

PATIENT

CLACKER, Debra

Title: DR

Patient Code: 159516

Room No.

Date: 7/1

Bed/Facility

[View all posts](#)

STDT01

## **MEDICATIONS**

## **MEDICATIONS**

NUBSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON DECEASED PATIENTS

#### **CHARTING FOR**

SE'S ORDER

, MEDICATION NOTES, AN

© 2013

[View all posts by admin](#)

**Physician**

Telephone No

卷之三

**All Telephone**

## Diagnosis

PHS0233

Medicaid Number:

#### Median Number

ANSWER

10

10

100

1990-1991

Cækler. Sebra



STDT01

## **MEDICATIONS**

MORNING	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Pan VK 500mg BID x 7 Days 5/10 - 5/17	6A																											
Motrin 600mg BID x 5 Days 5/10 - 5/15	6A																											
Phenergan 25mg BID x 30 Days 5-22-04 5-25-04	6P																											
Ibuprofen 325mg TIPO x 100	6AM																											
Sas 504 6-4-dy Cap Donnatal TIPO x 50	6P																											
5-25-04 5-30-04 6P	6AM																											
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28

## MEDICATIONS

